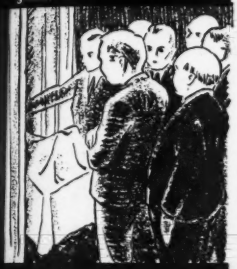
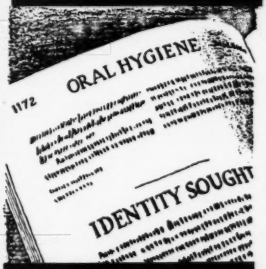
FLORISSANT, COLO., JUNE 4, 1933—Prospectors find body of a woman in lonely gulch.

7. LINCOLN, NEB., AUG. 10, 1933—Dr. Taylor finds dental record for Ida May Hanson, Columbus, Neb., in 1931 files.



CRIPPLE CREEK, JUNE 6, 1933—Coroner's jury charges murder; victim unidentified.

4. COLORADO SPRINGS, JUNE 19, 1933—Dental description sent to Colorado State Dental Convention.



5. PITTSBURGH, AUGUST 1, 1933—Oral Hygiene publishes dental description.

8. OSCEOLA, NEB., AUG. 11, 1933—Miss Hanson's brother, Joel, notified by Dr. Taylor; identifies body in Colorado.

CRIPPLE CREEK, JUNE 16, 1933—Sheriff Vinyard's office flooded with tips; all clues fail.

6. LINCOLN, NEB., AUGUST 10, 1933—A. P. Taylor, D.D.S., reads familiar dental record in Oral Hygiene.

9. CRIPPLE CREEK, SEPT., 1934—Clarence Neal sentenced to life imprisonment for murdering Ida Hanson.

SEE STORY ON PAGE 1117

ORAL HYGIENE

AUGUST 1935

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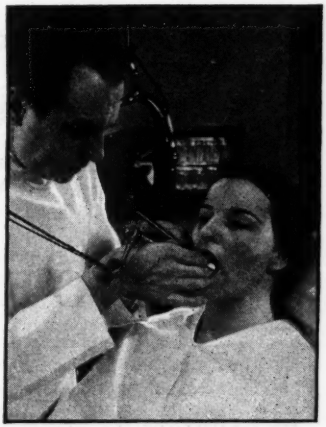

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THE
Publisher's

No. 169

CORNER

By MASS

SOMEHOW this August CORNER is being written the middle of June, a couple of weeks before the theoretical deadline, and it seems a mistake to attempt it so early because, with no one in the office or at the printer's clamoring for the writing, no head of steam has been produced by desperate necessity, no compulsion has built a fire in the creative department of the skull. When you are not absolutely *obliged* to do a piece of writing no part of your mind seems to give a damn whether it gets done or not —especially when you haven't the slightest notion of what to write about.

Nor are you spurred to industry by your environment: a soft, warm June day, a spreading tree shading your table, wrens hopping in and out of their little house on a nearby limb—for all the world like feathered mice, the summer wind soo-ing in the high branches, the boys in the neighborhood busy close by with a new aerial so as to intercept more of the frightful drivel that amateurs send, the dog relaxing at full length and looking very like a Supreme Court Justice, but kinder.

An hour or so ago, under the sharp goad of real neces-

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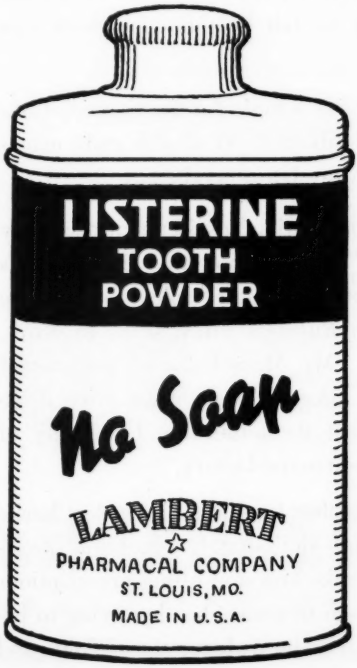


A Professional Size sample will gladly be sent to Dentists who request it on their letter head. Address: Lambert Pharmacal Company, Dental Dept., 2101 Locust Street, St. Louis, Mo.

sity, "Mi Rincón," the *Spanish Oral Hygiene* CORNER, got itself written; but that mainly wrote itself, for a friend in the Argentine suggested the topic. Dr. D. M. Cohen, editor of *La Tribuna Odontologica,* told in a letter about the mutual insurance plan Argentina dentists have devised for providing financial aid to members prevented from practicing by accident or illness, and for assisting the families of members who die.

There has been no opportunity yet to study the plan, but it does appear to be better than our own A.D.A. Relief Fund which depends upon voluntary contributions—not only because the insurance plan seems more likely to build a definitely increasing surplus, but also because no stigma of charity could possibly be felt by those members who apply for aid. . . .

But, while that did furnish a topic for the Spanish CORNER, I don't know enough about it yet to risk more extensive reference to it here. More later, maybe . . .

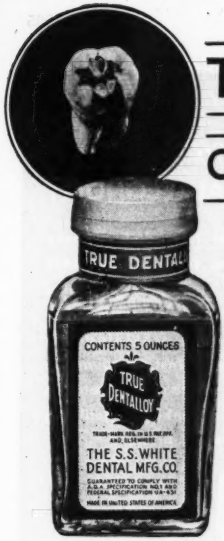
Nor is there space, or inclination, to discuss at necessary length the most recent "attack" upon this department's 180 pounds of good intentions: Editor Aspley's long article in this month's *American Business* which seeks to prove, among other things, that "Mr. Massol doesn't get around very much"; or I would take seriously a cut-price druggist's hysterical belief that the admirable University of Chicago had become a Communist-factory.

Pardon me for figuring that Lucille took Uncle Charlie Walgreen for a buggy ride—deliberately—and that she regarded it as good fun to make him stop filling prescriptions for ham-on-rye long enough to amuse her by trying to become, overnight, an authority on pedagogy, sociology, and

political economy—in a big, loud manner. Instead of sticking to nut sundaes.

Which thought resurrects a secret sorrow—the utter failure of this department, during a long and varied and (debatably) useful career, ever to get a job at a soda fountain, ever to know the solid joy of plopping a neat half-sphere of ice cream into a soda glass, ever to thrill to the touch of a shining syrup squirter, ever to feel the emperor complex surging through your corporeal being as you bear down on the throttle that sets the whole lovely mess to fizzing, and boiling icily over the edge of the glass, opaque bubbles busting here and there as you bang the whole job down in front of the customer spilling some of it on his vest.

I'll hunt reds with you, Charlie Walgreen, if you let me build sodas some time.



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CRIME DETECTION THROUGH DENTISTRY

Identification of Grace Budd Made by Two New York Dentists

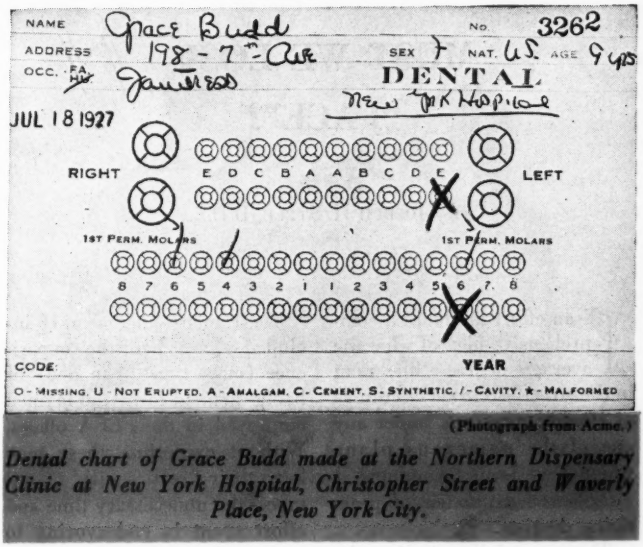
By J. VOORHIES

ABOUT the middle of June the teletype in Police Headquarters, New York City, flashed, gave a few preliminary clicks, as if warming up, and then began to pound out in its plodding, methodical manner a matter-of-fact report from the police of a New England village. Letter by letter the teletype reported the discovery of three skeletons in a remote wooded section near the village.[1] They were those of two children and a woman. Each had been shot through the head. The only possible clue to their identity, and to a possible solution of the crime was that the jaws of two showed dental work. The report added that photographs and roentgenograms of the skulls were being sent to New York to see what deductions could be made from an examination of the photographs of the teeth.

Behind this appeal to the New York City Police lies a story which must thrill every dentist in the country and impress upon him that any day he may find the solution of some baffling crime locked up in his record cabinet. It is the story of two New York dentists, whom coincidence forced into the rôle of detective-dentists, and whose combined application of dental science and bull-dog tenacity solved what is probably the most brutally atrocious murder that has ever marred a police blotter; snatched the murderer from almost certain escape through legal technicalities; and sent him to the death house.

It is the story of the Budd case. The record these two dentists made in that case transformed them into a sort of Holmes-Watson team that Captain John Stein, in charge of the Missing Persons Bureau of the New York Police Department and his aide, Sergeant Hammel, calls in on every case coming up for identification, if the victim shows any evidence

[1]Dentists Urged to Aid in Vermont Identification Case. ORAL HYGIENE 25:988 (July) 1935.



(Photograph from Acme.)

Dental chart of Grace Budd made at the Northern Dispensary Clinic at New York Hospital, Christopher Street and Waverly Place, New York City.

of dental work. And, incidentally, what dentistry did in the Budd case has made the New York Police and the police of every city and state which heard of the Budd case, extremely dental-conscious.

These two dentists are Doctor Harry Strusser and Doctor Abraham B. Weil. Doctor Strusser divides his days and nights between serving as Chief of the Dental Division of the New York Department of Health, Director of Relief Projects, in charge of some seventy-five Public School Clinics, and crime detection. Doctor Weil, of the New York Police Department, divides his time between looking after the dental welfare of New York's finest and, with Doctor Strusser, seeking in crowns, inlays, bridges, and dentures leads that will set the police and detectives on the long trail which will solve another of New York's mysteries.

SIX YEAR SEARCH

The Grace Budd case is a story of a man hunt that lasted six years—from that fateful Sunday, June 3, 1928, when her mother let this ten-year old child go to a picnic with a gracious elderly man named Albert H. Fish. Grace never returned from the picnic nor did Albert H. Fish.

For months detectives of the

(*Continued on page* 1118)

MUST WE LOSE "FACE"?

By JOSEPH H. STELE, D.D.S.

IN an effort to obtain a comprehensive idea of what the average dentist, "the man in the street" so to speak, thinks of Health Insurance, under any one of the numerous plans which have been formulated, I interviewed a number of practicing dentists.

These men fall easily into the class of average practitioners—only so far as their clientele is concerned. All are ethical men: men who are interested in the profession; who attend scientific meetings; who subscribe to clinics; and who are wholly devoted to their life work. They practice in middle class communities: neighborhoods whose inhabitants are, in the main, small storekeepers, office workers, and even unskilled laborers. These communities now harbor quite a number of unemployed. Their dental needs —mostly emergency work—are provided for by the Federal Emergency Relief Administration.

These men—and myself included—have had the experience (more times than one) of being dictated to by the laymen employed in the FERA offices. Without exception, these men have their "bellies full" of red tape—the unnecessary time and effort spent in endeavoring to make a change on an order slip so that this "slip" would insure them of proper compensation for any contingency which may have arisen with a particular patient.

Some of them have definitely given up in disgust and now send such patients to men of more equable temperaments. In any event, despite their philanthropic tendencies, their avid desire to aid the more unfortunate, they have been left with a bad taste in their mouths. (The writer did not find an opportunity to interview any "advertiser.")

With all the hullabaloo for socialistic reforms, the displays of Communistic organization

and activity, we are still primarily a nation of individualists. We, who were born here, possess the heritage of individualism willed to us by our forefathers. They migrated here in an effort to escape from despotic rule—from classification and caste differentiation. We cannot, with one blow, drive this feeling from us. This is well illustrated by the patients who present themselves for FERA service. Of course, we find a percentage of chronic indigents in this group; mentally and physically unfit to ever earn enough to remove themselves from the community charity rolls. But, the others: they are apologetic; they are proud; they want individual attention. One cannot treat them coldly, bluntly, disrespectfully just because they are down on their luck. These people are in the majority; and when they return, able to pay, they do so joyfully —with heads up. They have felt the embarrassment of being herded together in an office, publicly reciting their private histories, and stating their wants to a totally unconcerned and unsympathetic clerk. Questions arise then: Can we dictate to this class under any Health Insurance plan? Are we really considering them—or disregarding them completely? Replies

to these questions would certainly be difficult to fashion.

But—we started out to question others.

The first interview was with a man who has been practicing approximately ten years. By means of hard work, postgraduate courses, hospital experience, clinic attendance, and the like, he has managed to build up a nice practice. He has a mercurial disposition: a vitriolic temper. His speech—to colleagues—is always flavored with the argot and epithets usually attributed to longshoremen. He calls a spade a spade without apologies. A direct transcription of his opinion would certainly make interesting and forceful reading. (I wonder, though, if the editor would pass it.) He wound up a veritable tirade, against any proposal for Health Insurance like this . . .

"Do you mean to tell me that after all my hard work—hours away from my family and the expense involved—someone is going to tell me what to do? Am I to have a boss over myself? Nothing doing! I want to be the sole judge of what my patient needs. I have prepared myself with that thought in mind. I only consider the advice of men with more experience than I—and that only sometimes. No, sir! Health Insurance is not for me."

The next person I called on is the leading exodontist in his district. He is the president of his county dental society and a member of numerous clubs. He certainly has his finger on the pulse of the dental situation locally.

"Yes," he agreed, "there is a definite need for some system to aid the unemployed and indigent. Our experiences with FERA work show that—outside of creating a few jobs for people who were politically 'right' and taking care of indigents who, in normal times, came to our clinics—nothing has really been accomplished. If some system could be devised that would make the thousands of persons, who are always refusing to seek dental services, change their slovenly habits and flock to dental offices; if the administrative jobs, created by such a plan, are occupied by competent and conscientious individuals—people who know the meaning of *Welt-Schmerz*—and are not made the rewards of the 'spoils-system' of our present political machines; and, above all, if the dentists, who work under such a system, can still command the fees they normally get; if their judgment will not be subject to some superior's O.K., nor their freedom, in treating any case, impinged upon in any way—then we would have an ideal. And the impossible!

"Clearly, there will always be a group which will seek

dental service. Possibly a small percentage of the negligent will be sufficiently aroused to go to dental offices. But the remaining great majority will still remain oblivious to any plan, and go along in their ordinary, ignorant way. No system can really change human nature. Can dentistry profit so much by condoning any plan and surrendering its birthright of complete freedom in individual effort—freedom attained only through great expense and many years of sacrificing work —only to gain the slight, and wholly theoretical financial benefit from the small group which may be added to the regular amount of present day patients?"

Encouraged by these two opinions I called on a few more colleagues. Most of them expressed themselves along almost the same lines as the first two men. In questioning a few I discovered a perplexing and irritating problem: these men seemed totally unaware that Health Insurance plans were being proposed and advanced. At first, they thought that I was referring to their own personal insurance against any accident or health disability. Patiently I tried to explain—to the best of my limited ability—what I was interrogating them about. Then they volunteered haphazard replies; replies indicating that they had done very little serious thinking and reading on the subject. In all fairness, they may have read some matter pertaining to this problem. Yet, they did this cursorily and relegated it to the background, for future reference. Obviously one finds in every group the minority who do not care. Still, when a subject relating so closely to their future existence and well-being is to be debated, something must be done to force these men to form a definite opinion. If a vote is to be taken and these men should cast their ballots unthinkingly, they can very easily swing the balance far enough to betray themselves and their profession.

Of all those interviewed we cannot report speaking with anyone who favored any of the existing Health Insurance plans —such as those in England and the other foreign countries—or any particular plan thus far proposed in this country. All agreed that their practices had suffered; that there is a vast population needing dental attention; and that some plan should be proposed to take care of this group. But, they also agreed that the Messiah, who would propose the ideal plan, had not been heard from as yet.

All in all, one important fact impressed us particularly. We, like the Chinese, do not want to lose "face." If an oriental achieves a certain position, no

(*Continued on page* 1092)


CENSORSHIP
DIVINE RIGHT
FOR THE GOOD OF THE PROFESSION
HOT AIR
UNTAINTED BY PROFITS
IN THE INTEREST OF DENTISTRY
MINORITY CLIQUES

ELEPHANTIASIS

By P. H. BELDING, D.D.S.*

THERE comes a time in the affairs of organizations as well as governments when they cease to function for the maximum good of all concerned. Such a state of affairs is not far in the offing in our American Dental Association. Many prominent men foresee this development, but hesitate to mention the fact in face of the inevitable retaliation that would come from certain militant groups.

The existence of any organization is justified only by reason of the good that close association can do for every one of its constituent members. The affairs of any society should be so administered that benefits accrue equally to both the humble and the mighty. It is fitting that honors are bestowed, but they should be the laurels of meritorious service and self-sacrifice. The usurpation of society benefits by an individual or group of individuals is nothing less than high treason, and it is lamentable that the penalty cannot approximate the offense.

The American Dental Association is becoming infested with disease. It has within its body insidious growths of potential dissymmetry as evidenced by cliques, cabals, and intra-associational societies. Apparently many of the intra-associational groups have banded themselves together to foster and perpetuate their own selfish interests with complete disregard for the desires and what may actually be the best interests of the individual members of the parent organization.

In this connection I wish to call attention to an article that appeared recently in the *Journal of the American Dental Association*[1] under the heading,

*Let it be understood by all readers that these remarks are not pointed directly or indirectly at our esteemed Doctor C. N. Johnson or his excellent publication, the *Journal of the American Dental Association* —P. H. Belding, D.D.S.

Editor's Note: Elephantiasis is a chronic disease characterized by inflammation and obstruction of the lymphatics, hypertrophy of the skin and subcutaneous tissues. The affected appendages often assume huge proportions. This condition is traceable to the presence of a worm.

[1]Proceedings of the Fourth General Meeting of the American Association of Dental Editors, J.A.D.A. **32**:633 (April) 1935.

"Proceedings of the Fourth General Meeting of the American Association of Dental Editors." It is a vicious attack upon the independent dental publication, one of dentistry's most honest and faithful servants.

This Association has gone on record commending the faculties of Marquette and Pittsburgh Universities for their regrettable action: "The dental faculties of both these Universities have unanimously agreed that hereafter none of their members will contribute articles for publication in trade-house journals and will refrain from participating in the programs of societies whose proceedings are published in such journals." (Certainly such journals as the *Dental Cosmos, Dental Items of Interest, International Journal of Orthodontia and Dentistry for Children,* and the *Southwestern Dental Mirror,* not to mention many other excellent publications, should not be accorded such treatment.)

The faculty of a university has a perfect right to independent action, but I question the authority of a group of society editors to go on record commending such action, as these editors hold their positions because of the trust of their constituents.

We feel that, in the final analysis, the fate of any journal should rest in the hands of the individual members of the profession. Further, the history of dental journalism is closely interwoven with independent publications and no one can deny that some of these publications have been instrumental in the progressive improvement of dental literature. A study of the history of dental journalism reveals that the independent *Dental Cosmos* has achieved an enviable position, and we would suggest that the doubtful consult the January, 1934, issue of *Dental Cosmos* in which its achievement is briefly outlined.

Since the foregoing was written a diabolical tirade[2] against the *Dental Cosmos*, appearing in an Eastern student publication, has come to my attention. Certainly the editorial would have been more effective and its insincere purpose more adequately disguised if it had appeared in a publication whose advertising section did not give irrevocable evidence of profit.

There are undoubtedly a few good independent journals whose past conduct and present excellence warrants their continued existence. They are edited by men of ability whose honesty and integrity are beyond reproach. Criticism of them comes only from a group who would tyrannize and dominate all independent thought

---

[2]Editorial, The Only Hope For The Cosmos, *Dental Rays* 10:136 (May) 1935. (Published quarterly by the students and alumni of the School of Dentistry, University of Pittsburgh.)

and action were it within their power: they would destroy the salutary to eliminate the noxious. It is true that dental publications are like men: some are good, some are bad; be they independent or society. This gives rise to the question: "Does the existence of some pestilential independent publication justify the destruction of the species?" No. The good independent journal has still a duty to perform; if for nothing more it must maintain for us the right to express our thoughts freely.

Since we need the independent journals why are they constantly the target of such bitter criticism by dental reformers? The reason is: they are operated for profit. This, in the eyes of many critics, is sufficient to condemn any independent journal regardless of its merit. These men say, in effect, "Nothing that brings profit to any person or group of persons can at the same time benefit the dental profession." This is absurd. No one questions the quality of a dentist's service or calls him unethical if, as a by-product of work well done, he profits reasonably. He is condemned only if he profits without giving adequate service. Why should we not judge professional journals by the same standard?

With those members of the profession who declare that a society journal is always to be preferred to an independent journal, I disagree violently. There is, for instance, the society journal that is read by and interests only a few members of an organization. It may even be used by a small clique to disseminate their own pet ideas. Yet if it fails to attract enough advertising to pay expenses, the entire membership may be taxed to make up the deficit. Such a publication survives not through *merit* but through *subsidy*. An independent journal that deliberately serves special interests or caters to advertisers is eventually forced out of business: once it becomes an instrument of propaganda it fails. In my judgment society journals should be subject to the same strict test. Let them survive only so long as they serve the best interests of the profession and of all their readers! On no other basis have they a right to exist.

Admittedly there are many changes yet to be made for the better. But history has repeatedly shown that education, even if slow, produces more lasting benefits than legislation and coercion.

If the editors of society publications would devote their talents more closely to their own publications and let the profession select its own reading material, the society publications would be better and everyone would be more satis-

fied. We cannot help but feel that when our society editors learn the value of patience, make our society journals outstandingly the best, then the inevitable law of the survival of the fittest will do the rest.

The situation is becoming acute and our professional independence is seriously jeopardized. It behooves every member of the dental profession to cast off his cloak of indifference and assume his proportionate responsibilities by taking an active interest in the affairs of the American Dental Association. Today our professional destiny is being directed by an organized minority. This condition can be abruptly terminated only by an aroused majority. Do your part, by joining the American Dental Association.

By the Fayette County Dental Study Club (Iowa), which is composed of the following members:

L. W. Sahs	G. G. Ward	C. F. Mariner	G. E. Breen
R. V. Brandt	J. E. Dorman	H. S. Wright	O. C. Miehe
J. C. Davis	A. W. Harper	L. F. Molumby	C. O. Olson
H. H. Buhmann	L. S. Hutchinson	M. A. McDevitt	P. H. Belding

Waucoma, Iowa

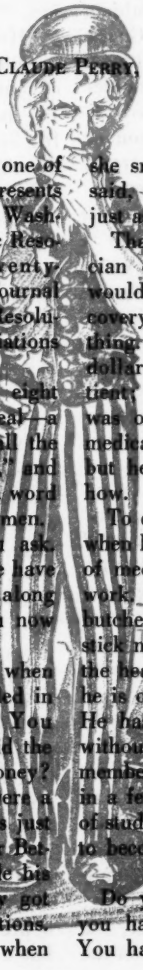
Must We Lose "Face"?

(*Continued from page* 1087)

matter how menial it is, he strives—as hard as he can—to retain it and whatever dignity goes with it. To lose favor, to be demoted, is losing "face." Self-destruction usually follows. Must we—after all that we have done—after all that has been done to advance dentistry—lose "face"? Can dentistry afford to stop forging ahead, as it is doing, with voluntary effort completely unhampered, and let itself be shackled to binding rules and regulations? The reader can best supply his own answer.

3 Anderson Avenue
Fairview, New Jersey

SHOULD THE GOVERNMENT CANCEL DEBTS?



By J. CLAUDE PERRY, D.M.D.

I JUST received from one of the Senators who represents my glorious state, in Washington, a copy of "Public Resolution Number 11; Seventy-fourth Congress, House Journal Resolution 117. Joint Resolution, Making Appropriations For Relief Purposes."

It is the four billion, eight hundred million dollar deal—a New Deal for all. Yes, all the politicians, the "chiselers," and what have you? But not a word about the real forgotten men.

"Who are they?" you ask. Of course, we all think we have been forgotten somewhere along the line, but I'll tell you now who they are.

Maybe you remember when Betty was sick. You called in your family physician. You were out of a job, but did the physician ask you for money? I believe not, not if he were a regular physician. He was just as much interested in your Betty as you were. He made his calls regularly, and Betty got well through his ministrations. Oh, how happy you were when she smiled again. To him you said, "I'll pay you, doctor, just as soon as I get a job."

That was fine, but the physician didn't say a word. He wouldn't, his little patient's recovery was the most important thing. Yet he did need a few dollars: the landlord was impatient; the payment on his car was overdue; his dues to the medical society were in arrears; but he would carry on, somehow.

To carry on was his purpose when he took up the profession of medicine, and he loved his work. He could have become a butcher, a baker, or a candlestick maker, but he had chosen the healing art, instead. Today, he is one of the forgotten men. He has stood the test of time without complaining; and remember, a physician is not made in a few months, it takes years of study, then years of practice, to become one.

Do you remember the night you had a raging toothache? You had slept but little: aspi-

rin, a hot water bottle, and copious draughts of whiskey were of little avail. Would daylight never come? Couldn't the hands of the clock move any faster? You knew your dentist wouldn't be in his office till nine. Could you stand the pain that long? Finally, after a night of hideous torture you rushed to your dentist's office. He saw you at once; he took a roentgenogram. It showed an abscessed condition—no chance, the tooth must come out at once.

"Take it out, doc," you commanded. "It has been killing me by inches all night." Preparing his hypodermic syringe, the dentist gave you a conductive. What relief! The pain had ceased at last. He removed the offending tooth without annoyance, packed the socket with a drain, and told you to come back the next day. You shook his hand, vociferously saying, "Gee, doc, that sure was good of you to pull that tooth out without hurting me. I ain't got any money right now, but when I get my money from the Relief I'll pay you sure. Thanks a lot."

The dentist treated the socket for several weeks. It was a dry one; then it finally healed. He dismissed you as cured; as he did so, he anxiously looked for the payment you had so earnestly promised him. The supply house had cut off his credit; he was on the C.O.D. list; the few remaining payments on the x-ray machine were long overdue. He would hate to let it revert back to the manufacturer —he must have an x-ray machine to render competent service.

"How much longer," he groaned, "can I hold out? I've exhausted my meager savings. I've borrowed the limit on the life insurance; I've let the nurse go, though I should have one for appearance sake; I've moved to less expensive living quarters; and as for the auto, it stays in the garage. It costs nothing—I don't drive it, even on Sundays. No use trying to sell it. The pawn-broking second hand auto dealers wouldn't offer a nickel on the dollar I paid for it."

"Well, perhaps Mrs. Gotrocks will come in soon and have a thousand dollars' worth of work done and give me a check in full, or something," he mused. "Yes, maybe. Then there's Mrs. T. Sydney Smyth coming in at two. She's always paid me promptly on leaving the chair."

Mrs. Smyth came; he worked as never before: a beautiful foil filling; he figured the hours well spent. The fee he expected to receive would pay the telephone bills. "Why," thought he, "should the telephone company be so unfeeling, with all the millions they had made?" Had they cut their rates during the depression? No, they had not, but on the contrary, they had

required him to pay as promptly as ever.

- - -

The man on the relief rolls, judging from my experience these past few years, does not worry. Uncle Sam will take care of him, for did not President Roosevelt say, "No man, woman, or child in these United States shall go hungry or without shelter"? Noble words, yet there are more wonderful ones in the Bible:

"By the sweat of thy brow shall ye receive thy daily bread."

"Cast thy bread upon the waters and it shall return unto thee manyfold."

"Inasmuch as you do for the least of them, you shall receive everlasting life."

Well, I am still looking for some of the returns from the sweat of my brow. I have cast my bread, my labors, and my dollars upon the waters of the sea and to the four winds of the earth, and have done more than my share for the least of God's children. Possibly I shall get my reward in Heaven, but right now it appears to me I am going through hell.

I have done considerable work for persons employed under the various branches of the New Deal alphabetical hodgepodge. Quite a number are still owing me, although working steadily at, as one woman said, "higher wages than we would receive for similar work in private business."

It seems impossible to collect from some of them. One claimed to have been told not to worry about past due obligations because his salary as a government employee was not subject to attachment.

Don't you think most of us forgotten men have had enough? Then why should our Uncle Sam lend a helping hand to those who can, but will not, pay their honest obligations? It's beyond me. Possibly I've been a pachyderm for too many years. It has been said these animals are slow thinkers—but their memory of any injustice lasts a long, long, time.

905 Howard Building
San Francisco, California

What Laymen Say About

HEALTH CARE UNDER THE INSURANCE PRINCIPLE

By SETH W. SHIELDS, D.D.S.

AS a gesture of prudence—and one must consider prudence in the dangerous field of professional writing—an attempt will be made first to present a comprehensible interpretation of health care under the insurance principle. Also, in order that this article may be of value in part or en masse, it is highly essential that any possible misunderstanding of the difference between State or panel medicine and sickness insurance be precluded.

If some form of health insurance is adopted it will function in the following manner: professions, trades and classifications of labor will be divided into groups. Each group will spread the cost of illness and dental care, for themselves and their families, over periods of time by using the prepayment principle. The amount of money to be paid for these services will be extracted more or less painlessly from the insured, and any deficit will be made up by philanthropic gifts, employer's donations, and from other sources. Such a system would in no way be similar to the health and accident policies now obtainable. Moreover, the contract, if health insurance becomes a reality, would not be an individual covenant. Under the ideal system the profession itself would be in control, and obviously would always be paid for services rendered; the patients would select the physician or dentist of their choice.

State medicine is a horse of an entirely different color. If State medicine is introduced we will become employees of the government which will tell the patients what physician or dentist is to do their work, and, in turn, tell us just how much of a fee will be forthcoming.

One need be but slightly in-

The Restaurant Owner's Wife.

terested in medical and dental literature to realize by this time that the question of health insurance occupies a most prominent position therein. Articles and essays on the subject are to be found in the newspaper editorials and lay magazines as well as in the professional journals. Health insurance actually leads in interest papers on scientific and technical subjects. Why shouldn't it? Within a short time we will have one of three situations: first, medical care under the insurance principle controlled by the profession; second, medical care under state medicine controlled by politicians; third, medical care provided in the same poorly distributed, inadequate manner as we find it today.

To my knowledge all literary contributions to date have come from the pens of physicians, dentists, or highly trained economists. I have, as yet, to read anything coming from or written by one of the two parties supposed to be benefited by the project; namely, the man in the

The Auctioneer.

street. The patient's opinion, it seems, has been thought to be of minor importance or carelessly ignored.

Scarcely anyone in good health, with the exception of a neurotic or some poor devil with a big hospital, medical, or dental bill to pay, entertains many thoughts about health insurance, physicians, or dentists. Knowing this I assumed the rôle of an inquiring reporter to my patients while their dental treatment was in progress. I asked the question: "What is your opinion of health care under the insurance principle?" A thorough and comprehensible (so I thought) explanation was then given. The patient was seated in the chair and I usually was leaning on the window ledge waiting for a conductive block to take effect, or just resting a bit as all of us are inclined to do—too much sometimes, I think! The atmosphere was more or less charged with the patient's thoughts of: "Something is wrong in my mouth. Something is to be done about it. Something must be paid for it!" Here's what a few laymen I encountered have to say about health care under the insurance principle:

Restaurant Owner's Wife:

"Well I think it would be wonderful for people like us.

"In the time we have been married, less than six years, we have had three babies—each born in the hospital—and the accompanying expense has kept us constantly in financial distress!

"There's no one who doesn't want the best in the way of medical attention for his family and himself, but with conditions in their present chaotic state it is possible to do only what direst necessity demands.

"There's my husband afflicted with gastric ulcers and in most serious need of dental work;

The School Teacher.

myself letting a perfectly good set of teeth suffer for lack of funds to have some minor work done due to the fact that we must economize wherever and whenever we can and so running chances of losing two or three teeth that well might be preserved; and my three small daughters growing up who will from time to time require attention. Any provisions that would enable us to receive adequate medical attention at a minimum and bearable fee would meet my heartiest approval."

Garage Owner:

"Might be a good thing. Probably would. If I had plenty of money, right now, I'd pay a doctor so much a year to take care of my family's sickness."

Domestic Helper:

"Wouldn't do us much good. We couldn't pay for the insurance!"

Auctioneer:

"I'm in favor of it! It would make money for me. Why, Doc, in our family in just one year Glen shot himself in the foot with a rifle—then later on fell and broke his arm. We had a confinement case, and our little girl, Else, was bit by a mad dog! My own case for hospital

and x-rays would've cost $500 if I hadn't had government compensation. My doctor bill for six months was 85 cents a day not including Syrup Pepsin and Nature's Remedy."

Judge of a Circuit Court:

"There is certainly a great need for funds to provide the proper medical attention for children whose parents, through force of circumstances, cannot pay for these services. Undernourished children in the community should be fed. It is not their fault that they do not receive the proper food nor the necessary medical attention.

"Also there is real need to provide funds to care for borderline cases who are not receiving government money and who are unable to get aid from any government agency. In these cases usually one member of the family is working and the wages received do not cover the costs of living for the larger families."

Farmer:

"Don't know much about it, but seems it would be a good thing for those fellows that's always dragging around."

School Teacher:

"In my opinion those things eventually run to politics. It would just mean more graft."

Country Physician's Assistant for eleven years:

"I don't think it's worth a damn if you want to know what I think!"

The Janitor.

Senior High School Pupil:

"We had a red hot discussion about that in Civics class the other day. Looks like it would be a fine thing for the people."

Physician's Wife:

"It would all be cash but the doctor might come out on the little end of the horn."

Widow:

"My! My! Wouldn't that be fine! When Mr. ——— died his hospital bill was one thousand dollars. An operation on me a short time before cost us five hundred. I hope we get something like that. If I can't enjoy it maybe my children can."

Farmer's Wife:

"Been all right if I had had it a few years ago, but I sure wouldn't favor it if I couldn't have my own doctor."

Farmer:

"How much would it cost? That's the first thing I'd want to know! May be all right if it's reasonably priced. I believe I'd like it."

School House Janitor:

"To tell you the truth about it, Doc, I don't see why it would be a bad plan at all!"

"Don't know whether I dreamed this or read it but seems there's a little mining camp in the west where everyone pays so much a year to the doctor to take care of them. Childbirth and some other things come a little extra, but the idea works there. Believe I'd like it! We have been so darned hard up all our lives that it's been hard to pay the doctor and dentist!"

The Vice-President of Community Chest.

Farmer's Wife:

"I think it would be fine if the insurance rate was not too high. I have seen so many people work and skimp and save all their lives and then have a severe case of sickness in the family that not only took all their money but their farms as well."

Factory Worker:

"I believe that it would be a dandy thing if I could always have my own doctor. Wouldn't miss the money so much, would you Doc? I don't like our plant surgeon and, even though he doesn't cost me anything, if I was hurt bad right now I'd call the doctor I wanted and then try and meet his bill."

Retired Department Store Manager in a town of ten thousand and **Vice-President** of the **Community Chest:**

"From time to time some of us have urged the medical profession to offer some substitute plan for the various medical insurance proposals now avail-

able which the profession so bitterly opposes.

"Whatever may be said about physicians, the fact remains that as a whole theirs is a profession which cannot be regimented safely. It is in individual effort that the physician excels and must be permitted to practice. Clamp a collar upon him, tell him what he may or must do, and you will have a man whose pride is gone.

"Nevertheless, every thinking, intelligent man must admit that there is something wrong somewhere. The recent progress of the science of medicine has been almost miraculous. Physicians and other men of science have shown an almost unparalleled professional spirit in making available for the benefit of mankind the results of their research in radiography, bacteriology, anesthesia, and aseptic surgery. Physicians have shown a willingness to risk their very lives to serve suffering humanity without regard to money reward; yet in the distribution of benefits, medicine has made intolerably slow progress.

"About one million persons in this country provide medical care and depend upon it for a livelihood. There are nearly seven thousand hospitals with a total capacity of about one million beds; eight thousand clinics and out-patient departments of hospitals; sixty thousand drug stores; and many state, county and municipal health departments. Why is it that with all the faculties and resources at our disposal eighty millions of persons in the United States either do not receive the care they need and which could readily be provided; or are heavily burdened by its costs?

"Why are fifty million persons in America whose teeth are decaying not receiving adequate dental care, despite the fact that this country leads the world in dental science and has tens of thousands of partly unemployed dentists? The answer is obvious—an under consumption and lack of a just distribution.

"Millions of our people are hungry because we have produced too much food. Thousands are cold because we produce too much fuel, too many woolen mills, and too much clothing. Thousands of American families live in shabby houses, because we have a surplus of steel, cement, surplus carpenters, plumbers, painters and contractors. In other words we are in want in the midst of plenty. Precisely the same conditions affect the medical and dental professions today.

"The question is: What has the medical profession done along the lines of bettering the economic plight or the present economic system as a whole?

"There are 156,440 physicians in the United States and among them are bound to be some men who are less scrupulous, less honorable than the average. Has not the dental profession, because of some unethical members reached the state of the bargain basement by using the newspapers to advertise their wares? Painless extraction, fifty cents, for instance!

"The time has come when the medical profession must organize its intelligence and apply all its efforts in the direction of better distribution and fight the evils of our outlived and decayed capitalistic system.

"Will the medical profession accept the challenge?"

* * *

The majority of the foregoing statements were obtained in simple office conversations. Three of them were written after the persons interviewed had had some time to think the project over. They represent a study of attitudes and are not an objective, scientific analysis, nor are they even a cross section of the attitudes of the nation's patients. The population of our little city is seven hundred and ninety, and we don't know anything about wealth here!

You know, after all it isn't hard to start a conversation with your patients especially when money matters are involved. Why not do what I have done? A study of the results of your interviews would be interesting and illuminating—if you would report them. Study all the definitions of health insurance, frame one of your own in understandable language, ask the question, "What is your opinion of health care under the insurance principle?"—then listen! You'll hear plenty of "welling" and "hemming and hawing" and "yes butting," but also you'll hear some interesting human stories and probably get some surprises as I did.

Because I am not trained in modern pedagogy and am not a qualified research worker, it is possible that my work will be considered just so much drivel.

In premature defence of such a judgment let me say that the man who makes a living from the practice of dentistry is the one who will be benefited or ruined by health insurance, should it be established, and not the wealthy practitioners who sit in elaborate offices and all too often dictate the policies of the profession in Hitler-like terms! The differences are exaggerated, I believe. Emerson says:

There is no great and no small
To the Soul that seeth all.

Darlington, Indiana

45,000 MEMBERS for 1935

Doctor Fred A. Richmond, Insurance Secretary of the A.D.A.

"FORTY-FIVE thousand members for 1935" is the goal that President Frank M. Casto has set to strengthen organized dentistry, believing that in "unity there is strength."

Among the most important activities of the American Dental Association is its life insurance coverage. To assist Doctor Casto, the American Dental Association, and the state societies, and to further strengthen the insurance feature of the American Dental Association, the Insurance Secretary has set a goal of "5,000 additional policyholders for 1935." This goal should be attained easily with the cooperation of the officers of the state, district, and local societies from whom full information can be obtained regarding the coverage.[1]

[1]Write to Fred A. Richmond, D.D.S., Insurance Secretary, Federal Reserve Building, Kansas City, Kansas for an application blank.

The experience of the American Dental Association with this life insurance is quite remarkable. To date over $1,166,000 has been paid to the families of deceased members; many of whom left no other insurance or estate. Three thousand dollars insurance is offered and the cost averages from sixtenths of one per cent to slightly over one per cent, depending upon the age of the individual insured. In this low cost the members of the American Dental Association are enabled to obtain coverage at a figure far below the cost of the same coverage to them as individuals. There are but two limitations to the obtaining of this insur-

"Forty-five thousand members for 1935" is the goal of Doctor Frank Casto, President of the A.D.A.

ance: the members must be in good health and not past 50 years of age. Membership in good standing of the American Dental Association is, of course, essential.

Take full advantage of the privileges given you by membership in the American Dental Association. Be one of the early members to make the 5,000 additional for 1935. Help the "45,000 members for 1935" movement by telling your friends in the dental profession about it.

STATES REGULATE DENTAL ADVERTISING

Commenting editorially on the decision of the Supreme Court in the Oregon dental advertising law, the *Journal of the American Medical Association*[1] says:

". . .the dental profession seems to have concentrated its efforts toward modernizing the dental practice acts of many states, and in doing so it has incorporated in them provisions looking toward the better regulation of dental advertising.

"During 1933, 1934 and to date in 1935, the following states have adopted amendments to their laws regulating the practice of dentistry, substantially similar with respect to advertising prohibitions to the Oregon law":

1933 Laws:
- Delaware, ch. 240.
- Illinois, p. 708.
- Maryland, ch. 564.
- Wisconsin, ch. 189.

1934 Laws:
- Massachusetts, ch. 281.
- Rhode Island, approved May 4, introduced as H. 835.

1935 Laws:
- California, ch. 147.
- Colorado, approved March 8, introduced as S. 329.
- Florida.
- Idaho, approved March 5, introduced as H. 85.
- Indiana, approved February 26, introduced as H. 218.
- Iowa, approved May 6, introduced as H. 203.
- Maine, ch. 97.
- Minnesota.
- Montana, approved February 23, introduced as H. 87.
- Nebraska, approved May 13, introduced as S. 100.
- New Hampshire, approved February 26, introduced as H. 134.
- New York.
- Ohio.
- Tennessee, ch. 126.
- Utah, approved March 22, introduced as S. 9.

[1] "Bait Advertising" Unlawful, J.A.M.A. **104**:2001 (June 1) 1935.

Vitamin D Units

NEW AND OLD

By BION R. EAST, D.D.S.

DENTISTS, physicians, the public, and the food control officials are interested in proper and understandable units of measurement for the various vitamins. This is particularly true of Vitamin D.

There has been a great deal of confusion caused by the use of different "yardsticks." Some manufacturers of Vitamin D preparations have taken advantage of this to make it appear to the uninformed that their particular brand of Vitamin D product is more potent than other brands of the same product.

Until recently there have been in common use in this and other countries the Steenbock unit the Oslo unit, the A.D.M.A. unit, and the International unit —all used to express the Vitamin D values. Plus this we find in the literature the Patch (Holmes) system unit and Cod Liver Oil co-efficients.

Then, too, we have such terms as 3-D, 10-D, and 15-D. These terms would seem to signify that the products so labeled were 3, 10, or 15 times greater in human antirachitic value of cod liver oil. The facts are quite different. The comparison is made with a grade of cod liver oil which is quite impossible to duplicate in the open market. The oil used as a basis of comparison was the so-called "standard" cod liver oil, which contained only 13.3 Steenbock units per gram. Virtually all cod liver oils contained a much greater amount of Vitamin D.

All this has led to the adop-

Since January 1, 1935, there has been an official adoption of a unit for Vitamin D measurement. The unit is known as the United States Pharmacopoeia X Revised 1935 unit.

tion of a unit for Vitamin D measurement which is official in the United States since January 1, 1935. The unit is known as the United States Pharmacopoeia X Revised 1935 unit. In common usage it will be known as the U.S.P. unit.

The U.S.P. unit and the International Vitamin D unit adopted by the Conference of Vitamin Standards of the Permanent Commission on Biological Standards of the League of Nations, June, 1931, are identical. The method of measuring Vitamin D in U.S.P. units is as follows:

A reference oil of known Vitamin D content is furnished biological assay laboratories by the Committee on Revision of the U.S. Pharmacopoeia. Standard rachitic rats, prepared in a specified manner, are divided into groups for assay purposes. One group is fed a standard basal Vitamin D free diet plus an amount of Reference Oil that will insure the formation of the calcium deposit line in the metaphyses of the distal ends of the radii and ulnae of standard rachitic rats under standard feeding conditions, but that will not cause complete healing; the other groups of rats are fed the basal diet plus graduated amounts of the substance being assayed.

Special pains are taken to specify a procedure that will insure average results for each group that will be statistically significant.

On the eleventh day of the assay, the rats are killed. The tibiae, radii, or ulnae are treated in accordance with the line test technique, and the calcium deposits of the assay rats and reference rats are compared. Since the number of U.S.P. units of Vitamin D taken by the reference rats is known, groups of assay rats showing the same average degree of calcification must have received the same number of vitamin D units.

Harrison, New Jersey

A Cleveland street scene

CAN the Public Afford Dentistry?

By STERLING E. GRAHAM

IN an interesting article appearing in a dental magazine[1] sometime ago, it was definitely stated that it is generally conceded that about 20 per cent of the public are dental patients, and from this hypothesis, the conclusion drawn that the balance of the public; namely, 80 per cent, are in the low income group and underprivileged. I wonder if in the light of the characteristics, customs, mode of living, and behavior of the Cleveland public such percentages can be supported.

Cleveland divides itself into

[1]Dunham, L. W.: The Dental "Frankenstein." ORAL HYGIENE 25:52 (January) 1935.

two equal parts; there being 138,300 families who pay a medium rental of $40.00 or more per month, and 133,800 families who pay a medium rental of less than $40.00 per month. These two parts of Cleveland are similar only in that they are equal in population; in all other respects, they are entirely dissimilar. Let's call, for purposes of clarity only, the rental group of above $40.00 per month the "A group," or "Better-able-to-buy" families; and the lower rental bracket the "B group," or "Less-able-to-buy." It is a matter of record in the United States Census Bureau that these two groups arrange themselves as follows:

"A group" Better-able-to-buy 138,300		"B group" Less-able-to-buy 133,800
72%	American-born families	28%
64%	Chain stores	36%
80%	Drug stores	20%
75%	Automobiles	25%
71%	Telephones	29%
65%	Radios	35%
25%	Unemployment	75%
34%	Foreign-born and negro	66%

These figures mean that 72 per cent of the American-born families are in the "A group"; 71 per cent of the telephone residential outlets and 65 per cent of the radio receiving sets are in the "Better-able-to-buy" group. It is quite apparent that the "A group" contains those families more responsive to the better things in life; and when we add the analysis of the sales of all kinds of merchandise from the lowest to the highest type, we find that 73.4 per cent of all merchandise sold in Cleveland is bought by those families living in the areas where the medium rental is above $40.00 per month, and that those same families, which constitute 51 per cent of Cleveland's population, bought in excess of 75 per cent of all the concert and theatre tickets; bought 80 per cent or $2,400,000 worth of refrigerators in 1934; bought $12,000,000 worth of new automobiles in the year 1934; bought $20,000,000 worth of apparel last year; and spent well in excess of $50,000,000 in Cleveland's five department stores.

It seems, therefore, quite obvious that the ability to buy dental services is enjoyed by all families in the "A group," which is not 20 per cent but 51 per cent of the population; and the intelligence displayed in such purchases, the responsiveness to style and quality, and the ability to buy as demonstrated by the millions they spent, clearly places these families in the category of those able to buy dentistry when they are more fully informed as to the benefits to appearance, charm, and health that regular visits to their dentists can bestow.

We have thus shown that the "A group" or 51 per cent of Cleveland's population are *not*

underprivileged but are educated and potential patients for the enjoyment of the services Cleveland dentists can render; and there are many thousands of families living in the "B group" who live there not by force of circumstances but for other reasons, who can also avail themselves of the learning, science, and genius of the dental profession.

I have serious objections to spread of such unauthenticated figures as quoted in a recent issue of a dental magazine; figures which in their inaccuracy destroy the faith and hope of Cleveland dentists in the possibility of improved incomes for this year and the future. My civic pride also forces me to make public the actual facts which definitely correct any impression given that 80 per cent of Cleveland's population are underprivileged, as it is not true.

Cleveland Plain Dealer
Cleveland, Ohio

DENTAL MEETING DATES

National Dental Association, twenty-second annual convention, Louisville, Kentucky, August 13-16.

Odontological Society of Western Pennsylvania, fifty-fourth annual meeting, William Penn Hotel, Pittsburgh, October 15-17.

American Society for the Advancement of General Anesthesia in Dentistry, next regular meeting, Tower Room of Hotel Montclair, New York City, October 28.

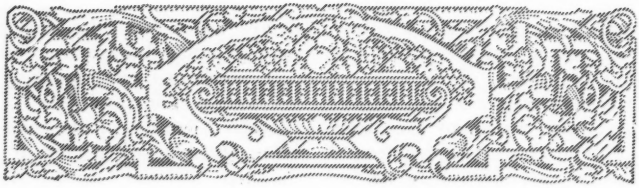
The American Academy of Periodontology, twenty-second annual meeting, St. Charles Hotel, New Orleans, Louisiana, October 31-November 2.

American Dental Association, annual meeting, New Orleans, November 4-8.

American Dental Assistants Association, eleventh annual meeting, New Orleans, November 4-8. Headquarters will be at the Bienville Hotel.

American Dental Hygienists' Association, twelfth annual meeting, New Orleans, November 4-8. Headquarters will be at the Hotel Monteleone.

Greater New York December Meeting, Hotel Pennsylvania, New York City, December 2-6.



CALCIUM IN THE DIET

An analysis of the reasons for calcium deficiencies and suggested ways in which they may be overcome

"THE complexities of calcium metabolism have caused a certain amount of confusion concerning its rôle in nutrition, with the result that scant and improper use of calcium in the diet is widespread." This is the opinion expressed by Alice R. Bernheim, M.D.[1], in an article on Calcium and Nutrition in the *Health Examiner* in which she analyzes the reasons for calcium deficiencies, indicates the difficulties concerned with the supply and utilization of calcium, and suggests ways in which they may be overcome.

Despite the common belief that decalcification of the bones is a concomitant of old age Doctor Bernheim states that "there is evidence to indicate that with adequate calcium intake this decalcification may be avoided."

Doctor Bernheim believes that the diet of the average adult rarely contains the required amount of calcium because calcium is sparsely present in common foods. "It is obvious," she points out, "that unless milk or cheese is included in the diet it is exceedingly difficult to fill the calcium needs, since inordinately large amounts of other foods and water must be ingested; quantities far beyond the capacity of the normal individual. Thus, for example, if the needed calcium were to be obtained each day from white bread alone, it would be necessary to eat more than seven loaves; if from potatoes, seventeen pounds; and if from apples, fifty large ones."

Although it is possible, according to Doctor Bernheim, to enrich the ordinary "mixed diet" with fruit, vegetables, and milk or cheese, so that it will give an adequate supply of cal-

[1]Bernheim, A. R. Calcium in Nutrition. *The Health Examiner* 4:8 (December) 1934.

cium and all other requirements except vitamin D, even a diet that contains sufficient milk or milk products to supply the necessary calcium may not meet the actual need because of poor absorption of calcium through the intestines.

In the utilization of calcium, Doctor Bernheim lists the following points as of importance:

1. The daily supply should be about 0.7 Gm. of calcium (1.0 Gm. of calcium oxide). This may be obtained from:

(a) milk: one quart

(b) cheese: one-quarter pound

(c) calcium salts

2. Calcium is appreciably absorbed only when the intra-intestinal reaction is acid.

(a) This acidity develops and increases as digestion progresses, reaching its height in the fasting state. In the early stage of digestion the intestinal contents are generally alkaline.

3. For calcium to reach the intestines when the reaction is acid the following measures must be employed:

(a) milk should be taken at meals

(b) calcium salts should be taken no nearer meals than four hours after and one hour before

(c) there should be a schedule of three meals a day

(d) nothing should be eaten between meals

(e) intervals between meals should be no shorter than five hours.

W. Linford Smith
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

***Editorial Office*: 708 Church Street, Evanston, Illinois**

Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties. — *John Milton*

FUNDS, FOUNDATIONS, AND DENTISTRY

THE organized philanthropic foundations form an important part of the fabric of our social structure: they extend their activities into the lives of millions of persons, profoundly affecting education and influencing public opinion. Of these foundations 275 are listed as national organizations with combined capital assets totaling $1,400,000,000.[1] Every year they expend $70,000,000 for higher education, medical training, hospitalization, public health, and social, economic, and scientific developments.

A close alliance exists between these foundations and higher education: administrative heads of foundations are usually graduates of the greater colleges and universities, and their own highly trained staffs carry on the activities of the organizations. The foundations also exercise a domination over any educational institution they endow, out of all proportion to the size of the endowment made. The sum contributed may be as little as 5 per cent of the money needed for the establishment and development of an institution. Nevertheless the trustees of the fund will be in control rather than those who have contributed most of the money. This condition exists no doubt because the capable staff of the foundation has made a scientific study of the proposed institution, has definite plans for its development,

[1]Evans, John: Gift Funds Dictate Policies of Education, *Chicago Sunday Tribune*, Graphic Section (May 26) 1935.

and proceeds to put them into action. The public usually has only the vaguest idea of what it is seeking.

As to the general distribution of the funds, about half of the foundations make their larger grants to public institutions of higher education; 40 per cent of the remainder make large gifts to medical education and public health. Curiously enough the endowments that filter through to dental colleges are surprisingly small. They in no way compare with funds expended for medical schools. In 1930 the total income from endowments for all dental colleges was $136,540 divided among eight schools; yet more than thirty medical colleges were endowed in the same year.[2] Seven medical colleges *each* received more income from endowments than all the dental schools together.

Similarly, the funds for dental public health have been decidedly limited. In 1931 medicine and public health received $18,627,223 from American foundations. Of this total, $16,509,734 was expended for general purposes; of which only $81,178, or less than one-half of 1 per cent, went for dental health service.[2] Compared with a list of sixty-one fields for which specific grants were made, dentistry is rated as forty-eighth; while medicine and public health usually head the list.

Why dentistry's share in these endowments should be so meager is not obvious. It may be that the members of the dental profession have been indifferent to the work of the foundations; or perhaps they have failed to see the far-reaching social aspects of the dental health problem.

Considering the general set-up of the foundations, there seems to be no good reason why the dental profession should not obtain its just share of philanthropic funds. The "dead hand" is no longer the controlling, all-important factor in philanthropy. The resources of the foundation are usually managed and distributed through the discretion of trustees of the fund; and it is operated along generous, elastic lines. The broad range of its activities may be "to promote human welfare throughout the world," or "to in-

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[2]Salzman, J. A. and Strusser, Harry: American Foundations and Dental Public Health, J. A. D. A. 22:976-985 (June) 1935.

crease the diffusion of knowledge among men"; phrases that are subject to a wide interpretation.

Since these funds are being distributed under liberal direction for a wide variety of purposes, it seems certain that a determined, concerted effort on the part of the dental profession would divert a reasonable proportion to dentistry. But first, the question naturally arises: If we ask for funds from the foundations, for what activities should they be used? How should such funds be allocated?

Should they be used for the development of pay clinics, which are generally opposed by dentistry; for compulsory health insurance which is objectionable to many members of the profession; for the improvement of dental education; for dental research; as a means of educating the public to the value of dentistry; or for a comprehensive, national program of dental public health? Thoughtful members of the profession must be prepared to answer this question before we are in a position to seek augmented benefits from the foundations.

Murder Victim Identified by Dental Record

With the aid of his dental records, Doctor A. P. Taylor of Lincoln, Nebraska, has made it possible for the police to solve the mystery of the unidentified woman whose body was found near Florissant, Colorado, June 4, 1933. He first became interested in the case through reading the dental description of the woman published in the August, 1933, issue of ORAL HYGIENE.[1] Then he checked through his files and found that this description tallied exactly with the dental record of Ida May Hanson of Columbus, Nebraska, whom he had treated in 1931.

The woman's body, partly buried in a pit in the mountains near Florissant, was discovered by two prospectors in search of gold. They notified Sheriff Vinyard in Cripple Creek, Colorado, immediately. A coroner's jury found that the woman had been murdered, and every effort was made to identify her. Although the sheriff's office was deluged with tips, all clues failed. Finally the authorities, in desperation, sought the aid of Doctor Glen S. Chafee, local dentist. He was asked to prepare a dental description of the dead woman, and three hundred copies of this were mailed to the Colorado State Dental Convention which opened June 19, 1933, in Colorado Springs. This dental description was also printed in ORAL HYGIENE where it was seen and recognized by Doctor Taylor.

After he had located Ida May Hanson's dental record in his office, Doctor Taylor notified her brother, Joel Hanson of Osceola, Nebraska, who left at once for Cripple Creek. There he identified the body of the woman as that of his sister who had disappeared from Columbus, Nebraska, in 1933. Within a short time Charles W. Neal (alias Clarence Neal) suspected of having murdered Miss Hanson for her money, was apprehended, tried, found guilty of the crime, and sentenced to life imprisonment.[2]

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[1]Identity Sought: ORAL HYGIENE **23**:1172 (August) 1933.

[2]Murderer Trapped by his Victim's Teeth, American Weekly, Inc., (June 9) 1935.

Crime Detection Through Dentistry

(*Continued from page* 1083)

New York Police Department combed the city, running down fruitless clues, until at last the case was listed as one of New York's unsolved mysteries; unsolved to all but one, Detective William King, recently awarded the Rhinelander Medal for the conspicuous service he rendered in this case. Detective King, who was one of the detectives originally assigned to the case, had made a vow to himself never to quit it.

For six years Detective King had followed leads that led nowhere. Then in December, 1934, the trail suddenly began to get warm, then hot. And King at last caught up with Albert H. Fish, then a gnarled, bent old man of 65. Under police interrogation Fish confessed that he had brutally murdered the ten-year old girl in a century-old abandoned mansion, Wisteria, on the outskirts of White Plains, New York, on that Sunday afternoon. He described the murder; one of the most brutal, sadistic murders in police annals. Furthermore, he told the police where the body—by that time a mere skeleton—could be found. The skeleton of a dismembered child was found just where he said it would be.

To any layman, not versed in the technicalities of the law, this would seem like a closed case: a confession by the man last known to have been with the murdered child and a child's skeleton found exactly in the spot he said he had buried the body of Grace Budd. But in the eyes of the law a different picture of the case appeared. In the first place, the courts will not accept a confession or plea of guilty in a first degree murder case. In the second place, the confession may have been the delusion of an insane man. The fact that he led the police to a skeleton did not prove that it was that of Grace Budd. The nearer the authorities approached the beginning of the trial the more convinced they were that they faced the task of producing and proving the corpus delicti—no small task in the case of a body which had been dismembered and buried in a shallow grave for six years.

In examining the skull, evidence of dental work was found. This led the police to have Doctor Weil examine the teeth. He immediately recognized that the dental work meant little or nothing unless—unless it could

be identified as work performed in the mouth of Grace Budd. If that could be done the state's case was as good as won.

CHECK RECORDS

It occurred to Doctor Weil that Doctor Strusser and his school dental clinics might provide the missing link—a terribly long shot, but worth trying.

Then began another hunt, this time with Doctor Strusser in charge, assisted by the police and Doctor Weil. It was a hunt for a dental record card, a hunt not as prolonged as Detective King's but just as intensive and as relentless. The records of every school clinic which Grace Budd by any chance might have visited were searched; no card was found. Then Doctor Strusser and Detective King began interviewing social workers to see if anyone who had ever worked in the section of the city in which Grace had lived recalled getting dental service for the child. It was like looking for a needle in a haystack. The child had then been dead six years and social workers move about in their work. At last Detective King found one social worker who had worked in Grace Budd's neighborhood, had obtained dental care for many children, and suggested that the records of the Northern Dispensary, Christopher Street and Waverly Place, be examined. There King found a record card for Grace Budd, showing dental work done in July, 1927, seven years before. Fortunately that card had been kept, although it is required that cards be kept for only five years.

The condition of the mouth of Grace Budd as recorded on that card, the account of dental work done, and the defects listed agreed exactly with the condition of the teeth in that little skull found on the outskirts of White Plains, New York. The case against Fish now seemed complete.

The trial had not been under way long before the dental evidence began to overshadow all else in importance and Doctor Strusser loomed as the star witness for the State. As the prosecutor had anticipated, defense strategy revolved around the insanity of Fish and the fact that the state had not produced, beyond doubt, the corpus delicti. Testimony of the state's medical witnesses, identifying the bones as those of a girl of about 10, was neutralized by testimony of an anatomist for the defense showing that, while the bones were those of a child of about 10, it was not possible to tell whether they were the bones of a boy or girl.

It was at this point that the dental witnesses were called. Doctor Strusser and Doctor Weil positively identified the skull as that of a girl between 10 and 12½, basing their opin-

ion on the calcification of the teeth and the stage of development of the unerupted teeth. They explained that there was a slight difference in the time of the eruption of the permanent teeth in girls and boys.

INTRODUCE CHART

Doctor Strusser and Doctor Weil then identified for the jury the dental work in the little skull showing it was the same as that which appeared on the Northern Dispensary dental chart of Grace Budd, pointing out the spaces left by the extraction of two teeth, several cavities, and restorations. Agreement of the jaw and chart in every detail removed all doubt. The chart was also identified by Doctor Bielefeld as one he had made while serving in the Northern Dispensary.

The jury's verdict was "guilty."

That is why examination of dental work has become a routine procedure of the Missing Persons Bureau of the New York Police Department in connection with its efforts to identify bodies. Dental work of amnesia victims is also examined as a means of ascertaining the person's identity.

That is also why the police in the five states in the New York City Police Teletype hook-up consult New York's dentist-detectives whose brief but intensive work in combining dental science and police methods has not only taught them what to look for and how to use dental evidence, but has opened up what may prove to be a new field of dental science—Forensic Dentistry.

But what does all this mean to the practicing dentist?

Let us quote Doctor Strusser:

"What Doctor Weil, Detective King, the police and I were able to do in bringing Fish to justice for his abominable crime does not thrill me half as much as the thought of how near we came to failure haunts me. When I think of the slenderness of the thread upon which our success hung, satisfaction in that success gives way to a sober recognition of the fact that if some clerical worker in Northern Dispensary had not neglected to clear out record cards which had been inactive more than five years, we would have been helpless in our efforts to identify the skull as Grace Budd's. The prosecutor's task in then trying to prove the corpus delicti would have been so difficult, if not impossible, that the outcome of the case might have been far different from what it was.

"The police and the courts are just beginning to recognize the value of dental work in identification. I might say that *dental work is, potentially, more positive and as valuable, if not more valuable, than finger*

prints. Decomposition destroys finger prints but the teeth and dental work defy time and the elements.

"Just as finger prints are valuable only when they are recorded, so does the value of dental work in identifying bodies depend on there being records with which the work in the mouth can be compared. Before dentistry can be used as a reasonably trustworthy and dependable aid in identification and crime detection, the profession must be made aware of the importance of making complete records and of keeping them.

RECORDS ESSENTIAL

"For example, when a patient first presents for treatment a dentist should make a complete record of the mouth. The record should show all missing teeth, all replacements and their type, all inlays, restorations, and so on, done by dentists who have formerly treated that person. Subsequent entries on that chart should show all work done by that dentist. Should the patient ever move away, the card should be transferred to an inactive file but carefully kept. A plaster or stone model of the mouth would be a further desirable record.

"Identification of a person through dental work is simply a matter of comparison and elimination. The almost infinite variety of combinations possible with twenty-eight or thirty-two teeth, further increased by the location of restorations and inlays on any one or more of five surfaces and by the different materials used, leads me to say, without much fear of contradiction, that one couldn't find two mouths which would be, dentally, exactly the same. Anyone who is mathematically inclined can figure out the possible combinations.

"The application of dental records to detection is quite simple, *if* you can find the record. Today, that is the big 'if.' But I am convinced that it will not be long before steps are taken which will require that dental records be kept, with an eye to their possible use as a police aid in identification. Doctor Weil is already working on the idea and his plan embraces dentists and dental laboratories. Remember, every laundry in New York has a police number, and laundry marks have served to identify many persons and put many murderers in their place. I am not putting dental service in the same class with laundry service, but when it comes to crime detection we must subordinate pride and professional feelings. Furthermore, dental restorations are far more permanent than laundry marks.

"We, who look forward to the development of Forensic Dentistry as a new and recog-

nized branch of dentistry, are forced to admit that our records will never be complete for a large number of persons now living. This does not affect the soundness of the idea. Every new movement must begin sometime and somewhere. The growing recognition of dentistry as a necessary service, as evidenced in the ever increasing number of school dental clinics, industrial clinics, public health clinics, and relief dental clinics—not to mention the greater attention being paid to dental care by our middle and well-to-do classes—simply means that if today, every dentist in the United States and Canada were to resolve and pledge himself that henceforth he would chart the mouth of every patient entering his office, record the names of all that patient's former dentists, and keep a detailed record of all work subsequently done by him, we would have in a few years a record of inestimable value in police work.

"At the first thought the idea of trying to identify a body by dental restorations might seem almost hopeless, especially when the key to the identity of a body found in New York City may lie in the dental records of any dentist in any city or town from Portland, Maine, to Portland, Oregon. You may say, 'What an endless task—every dentist going through all his records covering a span of many years.'

DENTAL CLUES

"In practice it doesn't work out that way. In the first place, if a man's body is listed for identification, all records for women and children may be discarded in the search. Then, every dentist knows that each patient has one or two dental landmarks which can be used as the key for the next step in elimination. For instance, the number of porcelain jacket crowns the average dentist inserts is not so great but that the presence of a porcelain jacket on a right central could safely be used as a basis of selection of suspects. If the jaws of the body to be identified also exhibited a two-tooth removable attachment bridge, restoring the left second bicuspid and left first molar, there would be another key to be used; and so on until final identification might depend on the presence of a gold foil gingival filling in the lower right lateral.

"Means of indexing and finding the record card are simple, if the card is in existence. Our great problem, until the matter is taken up by the state or federal authorities, is to convince every dentist that he is, ex officio, an important police official and that some day he and a forgotten routine record card in his files may prove more im-

portant than all the detectives, circumstantial evidence, and legal strategy in convicting the perpetrator of an otherwise 'perfect crime,' or in establishing an identity which has defied every other means.

"I know there are thousands of dentists who will say that the need for such exacting record-keeping is well enough for large cities where crime is rampant. There are many dentists practicing in our small towns with a select clientele among the substantial, well-to-do element who will say that their patients are the 'last people on earth who would ever be involved in anything criminal.'

"Our only answer to that is: you never can tell. Police records reveal some funny stories. Furthermore, accidents happen and the automobile has made rapid transportation so easy that the leading resident of a small town today is tomorrow just one of the milling crowds in a teeming city five states distant. By air San Francisco is just an overnight hop from New York. A dentist in San Francisco may any day supply the key to the identification of a body found in New York.

"Last month, following discovery of a child's skeleton. shot through the head, the Boston Police broadcast by mail and through the dental press photographs of the jaw which carried an orthodontic appliance. The mailing was to all orthodontists of record. Doctor Weil and I were consulted in this case, too. It is particularly interesting in that it shows how dental work, if properly studied and interpreted, will point out the direction in which to search.

"Examination of the orthodontic appliance revealed that the wire used was an orthodontic wire made by one particular dental manufacturer. This automatically cut down the search for a record of the case to dentists who use that wire. Fortunately, the manufacturing company had a record of every dentist who has used their orthodontic wires and the type of wire used.

"Next, the appliance was rather intricate, exceedingly well planned and constructed. It gave every evidence of the hand of an orthodontic specialist. You can see how that narrows the search. Fortunately, also, of all dentists, orthodontists keep the most accurate and detailed records. We are confident that this body will be identified through the orthodontic appliance. Once identification has been made, the police will then be able to delve into the history of the child's family for the solution of what is, today, an impenetrable mystery.

"With the police becoming more and more conscious of the

value of dental work in identification and detection, there is certain to be an increasing use of dental journals in seeking the cooperation of the profession in police work. If we are not to fail in a new and important civic duty, every dentist should be prepared any day to aid in an identification. It merely means keeping accurate records and a willingness to check over those records when a call is broadcast.

"The police, today, are extremely dental-conscious and eager for our cooperation. Dentistry must now become police-conscious.

"Somewhere in the dental offices of this country there are records which could identify four bodies and lead to the solution of four mysteries which I know are baffling the police of three states. Each case has every indication of foul play.

"Perhaps the 'open-sesame' to one of these mysteries is in your record file."

220 West Forty-Second Street
New York City

SCHOLARSHIPS FOR POSTGRADUATE COURSES

Seventeen scholarships covering the period from October 1, 1935, to June 1, 1936 have been established by the Children's Fund of Michigan, according to an announcement by K. R. Gibson, D.D.S., director of the Fund's dental division. These scholarships are available to graduates of Class A American and Canadian Dental Schools who shall have done better than average work while in dental school attendance, and who are recommended by the deans of the schools from which they have graduated.

Recipients of scholarships will receive postgraduate training in a course of sixty-four lectures and clinics covering the following subjects: oral surgery; children's dentistry; full denture prosthesis; partial denture prosthesis; dental caries, dental pathology, and pyorrhea; dental medicines and therapeutics; root canal surgery and roentgenology; amalgam; dental materials; crown and bridgework; orthodontia; office management and applied psychology; silicates and cements; gold inlay; medical subjects; dental ethics; and public health.

Students in the course may register for a certificate of proficiency from the dental unit of the Division of the Health Sciences in the University of Michigan, or for a Master's Degree in the Graduate School; registration to be subject to the existing requirements of the University. All students doing acceptable work will receive a certificate of attendance upon completion of the course.

Opportunity to gain practical experience will be afforded successful applicants through employment on the Detroit Dental Staff. Further field experience may be gained at the close of the course by employment in the 1936 Summer Dental Relief Program, and opportunity to advance to a position on the regular program staff will be afforded one or more of the most proficient members of the class.

Complete information concerning these scholarships may be obtained from K. R. Gibson, D.D.S., Director, Dental Division, Children's Fund of Michigan, 669 Frederick Street, Detroit, Michigan.

"I do not agree with anything you say, but I will fight to the death for your right to say it."

—*Voltaire*

SUSPICIOUS OF GIFTS

I read your comments in the editorial, Dental Education Receives a Gift,[1] April issue of ORAL HYGIENE.

You know that a box of beautiful chocolates containing potassium cyanide can also be called a "gift"; so can a box containing a bomb.

In my puny mind, I cannot help but confess, I view with genuine alarm the tendency to build great clinics, both medical and dental. I frankly state that these institutions are in open competition with the professional men of their locality, help to impoverish men while they grow fatter. Dentists connected with them practice their profession in an "ideal" manner that has virtually no counterpart in general public, come-as-they-may practice.

You ought to come to Indianapolis and spend a little time talking to a number of us in both professions who are sailing through difficult times, trying to keep going and compete with advertisers, dental college clinics, Robert Long Hospitals, Veterans' Hospitals, school clinics, and so on. I suggest that you take a look at the 1934 Annual Report of the Indianapolis City Hospital.

It says on pages 17 and 18 that in 1934 it treated a total of 122,650 *former* and *new* patients embracing *everything that constitutes the average medical* and *dental practice.*

Now! Since the most flattering census puts the population of Indianapolis at only 360,000, just observe what a dent the City Hospital *alone must* put in the sick population of Indianapolis and consequently the professional man's yearly income.

I ask you what this "dent" must increase to when you look into the records of, say the Robert Long Hospital, the Riley Hospital, and others.

It is my contention that this institutional evil, developed from a charitable Christian idea with kind eye to the poor and unfortunate through *misguided philanthrophy*

[1]Editorial, Dental Education Receives a Gift, ORAL HYGIENE **25**:518 (April) 1935.

and in some cases crooked politics, has become a blood sucking octopus that is dangerous to the welfare of the professions at large and is in need of a good, healthful "pruning." —Paul Saltine, D.D.S., 620 *Medical Arts Building, Indianapolis, Indiana.*

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RECIPROCITY

I have read your article on Reciprocity Without Examination by Wallace G. Campbell, D.D.S.[2] I agree with him entirely. I have practiced dentistry twenty-three years and have always been in favor of reciprocity and have heard it advocated ever since I have been in practice; but I believe that as long as our State Boards are political and the rank and file of the profession are dormant, this issue will drift as it has for the past twenty-five years. I wish there were several more Doctor Campbells!—S. R. Tanner, D.D.S., *Saint Joseph, Missouri.*

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LIST PATIENTS' EXCUSES

Today economics is or should be of profound interest to every dentist as it is to every business man who is surviving. This fact is proven by the large response that Doctor Taber[3] apparently got to the letter you published for him in March. Since there is such interest in this field, and especially when the nail is hit on the head as it was by Doctor Taber, it would seem that some column could be devoted to this interest in ORAL HYGIENE. For example: a column given to listing excuses used by patients to avoid payment. I can furnish you with a small number of them for a starter. I am sure that stories told by dentists of instances of how they were stalled off and how they reacted to these instances after finding out the real truths would be of wide interest and serve to change the easy-going attitude of the profession.—J. L. Sterkenburg, D.D.S., *Grand Rapids, Michigan.*

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CONFLICTING OPINIONS ON DIET

In reading the article A Dietary Dentist Speaks in the March issue of ORAL HYGIENE, I find that Doctor Rush's[4] statement in reference to the use of orange juice and toast together is not in accord with my point of view. His statement is as follows:

"We probably know that the starch in the toast begins at once to be digested by the saliva; but many of us do not know that this citric acid of our orange juice entirely arrests that digestive process in our stomachs. Then, by inevitable cause and effect, the acid system thus produced gradually softens the lime in our teeth. . ."

My knowledge of physiology teaches me that if we carefully chew starch it will be digested in the mouth, and when it reaches the intestines, will be in a state to be absorbed into the blood stream and be converted into animal sugar.

Now! When starch, digested or undigested, reaches the stomach it encounters secretions in that organ that are acid and interfere with normal starch digestion, while the hydrochloric acid destroys the coverings of flesh food-cells and the proteins are digested. Therefore, it is quite normal that no starch is digested in the stomach even in the

[2]Campbell, W. G.: Reciprocity Without Examination, ORAL HYGIENE **25**:799 (June) 1935.

[3]Taber, W. P.: The Collection Problem, ORAL HYGIENE In Dear Oral Hygiene **25**:852 (June) 1935; Collecting Accounts, *ibid.* **25**:374 (March) 1935.

[4]Rush, E. D.: A Dietary Dentist Speaks, ORAL HYGIENE, **25**:342 (March) 1935.

presence of citric acid. When the mixed food content of the stomach reaches the duodenum starches are acted upon by the ferment amylopsin which turns the starch into maltose, later to be absorbed into the blood stream.

In the face of these simple physiological facts, it seems to me that the process of starch digestion is in no way prevented by the presence of orange juice. In other words, the citrus fruits form in our blood stream most of the alkaline salts in the system, provided of course we receive in our food the necessary supply of calcium, potassium, and sodium salts to allow the citrates of those elements to be formed. Further the blood must maintain its normal alkaline reaction and if a sufficient supply of calcium, sodium, and potassium is not furnished by the food, these salts are taken from those stored in the teeth, bone, and tissues.

I am of the opinion that the modern refining of foods is the root cause of our alarming increase in dental disease.—G. E. PAYNE PHILPOTS, *D.D.S., Victoria, Australia.*

WAS HE YOUR PATIENT?

The body of a young man, who had been murdered, was found on May 29, 1935, about three miles east of Mitchell, Madison County, Illinois. There were two bullet holes indicating that the man had been shot once through the head and once through the heart, and all clothing had been removed from the body. Efforts to identify the body have been unsuccessful, according to the deputy coroner of Madison County, Mr. Fred Pieper.

The age of the man was between 25 and 30; height, 5 feet 8 inches; weight, approximately 175 pounds; hair, chestnut with reddish cast, combed back in pompadour style; small, sandy mustache; hands, well kept.

Earl K. Vickers, D.D.S., of Granite City, Illinois, and Ralph B. Rode, of Saint Louis have been asked by the Saint Louis Bureau of Criminal Investigation to prepare a dental description of the body which is as follows:

Pin facing bridge extending from a three-quarter crown on upper right cuspid replacing upper right lateral and central incisors; left central abutment—Richmond crown; left lateral pin facing extensions; shade possibly 7 or 9 T. C. Guide.

Large mesial occlusal gold inlay upper right first molar and first bicuspid; gold crown upper second bicuspid; left second bicuspid broken down; gold restoration; mesial of right lower lateral incisor; gold restoration, distal of right lower central incisor.

Left lower first, second, and third molars missing; left upper second molar missing; right lower second molar missing.

Did you know this man? Check your dental records carefully, and if you can give any information as to his identity, please communicate with Colonel John J. McCarthy, Chief of Police, 1200 Clark Street, Saint Louis, Missouri.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

SPONGY TISSUE

Q.—I have a patient, a woman, 36, who has been troubled for the past six years with soft spongy gums. There is considerable resorption of the tissues and bone in the anterior (lower) region. She comes to the office every two months for a prophylaxis. When she presents herself she has a heavy deposit of calculus in the lower anterior region. I have treated the condition by means of thorough scaling and prophylaxis. I have also used chromic acid and various other proprietary drugs. Any of these will clear up the condition temporarily, the gums becoming firm, and the teeth being tightened to a certain degree; but the next morning she will come in with the condition as bad as ever.

I thought perhaps this patient was anemic or had some systemic disorder. Her husband is a physician and he gave her a thorough examination. He advised her to go to a hospital where she had some infected hemorrhoids removed. He also prescribed the use of calcium phosphate.

Could you advise a diet for her; that is, one that will tend to reduce the amount of calculus that forms so readily on her teeth? Is there anything more that I could do in treating her condition locally? She has a dislike for bridgework or dentures, although some of the lower anteriors are loose. Do you suppose a surgical operation in this area will help? Where could I find the correct technique for this operation? Are any of the drugs on the market for use by injection of any value?—A.R.P., Pennsylvania.

A.—It seems to me that you have handled the case described in your letter intelligently and skilfully, and I think the condition will be further relieved by the phosphate treatment, but unless your patient's diet has been markedly deficient in calcium and phosphorus I suspect that more than this treatment will be necessary; that she will have to have something to activate the absorption of calcium and phosphorus. In other words I believe that there may be a deficiency of vitamin D and possibly of A. These two vitamins are best supplied by sunshine or cod liver oil, butter, egg yolk, and green vegetables.
—GEORGE R. WARNER

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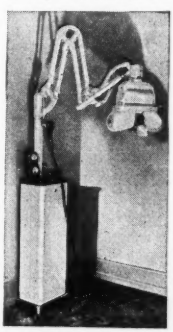

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9. **PAYS FOR ITSELF...** By revealing and justifying need for additional dental service.

Ritter *Shockproof* **X-RAY UNIT** MODEL "B"

Comfortable

PATIENTS *of a . .*

THOUGHTFUL DENTIST

The difficulties, the discomforts, of new dentures cannot bother and distress these fortunate patients . . . cannot mar their grateful satisfaction with their dentist's services. Their dentist, with customary forethought, has seen to that.

He knows that denture service cannot stop with the making of a denture and seating it in the patient's mouth. Experience and observation have shown him that even the best-made denture is bound to present difficulties at first. Some time must pass, naturally, before a mouth that had been edentulous can be expected to function with a bulk of artificial teeth without a feeling of awkwardness and distinct discomfort. Then, too, the soft tissues, until inured to the new stress, usually suffer irritation. *Getting accustomed to a new denture is thus a trying experience at best!*

So, to shorten it, to make it less trying, he, in common with over 40,000 other dentists, uses and prescribes DR. WERNET'S Powder for dentures. It forms an elastic, adhesive, and protective cushion between the denture and the tissues. It holds the denture, mechanically, more firmly in place, and soothes and protects tissues that are tender. By promoting comfort and greater assurance, it makes it possible for the denture to be worn more regularly, thus hastening its mastery by the patient.

Send for YOUR supply—FREE! Simply mail the lower portion of this page with your card or letterhead. You'll receive also a supply of WERNET'S Dentu-Creme, the safest cleanser for dentures.—WERNET DENTAL MFG. CO., 882 Third Ave., Brooklyn, N. Y.

DR. WERNET'S POWDER

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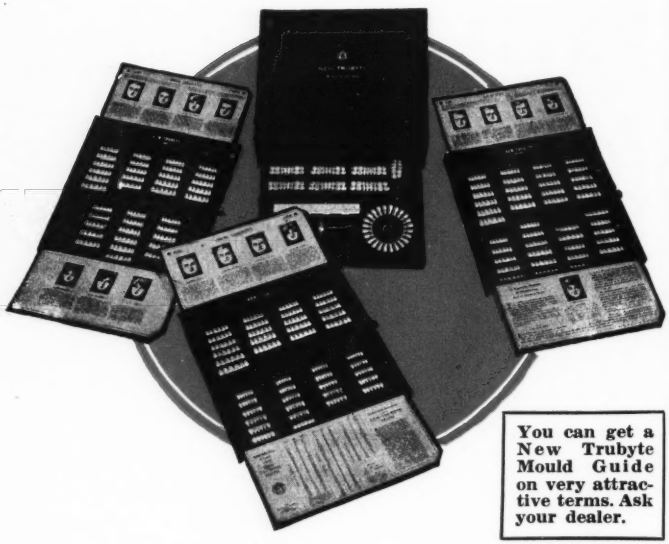

You can get a New Trubyte Mould Guide on very attractive terms. Ask your dealer.

MODERNIZE your tooth selection equipment with a New Trubyte Mould Guide

NEW Trubyte Teeth, with their new and more natural forms, their new, exquisitely natural shades and their lifelike translucency, make all other teeth out of date for discriminating patients. To serve such patients properly, you need New Trubyte—***and, for the proper selection of New Trubyte, a New Trubyte Mould Guide is as necessary as a New Trubyte Shade Guide.***

THE
TRUBYTE SYSTEM
THE DENTISTS' SUPPLY COMPANY OF NEW YORK

FIBROUS TUMOR

Q.—Three weeks ago a patient presented himself for examination. I discovered a small fibrous tumor in his mouth. I had the tissue examined by the Maine State Laboratory. In consultation with two physicians, it was decided that I should remove the growth without disturbance of the two teeth (the lower left lateral and cuspid) between which the tumor was located.

After the growth was removed, I sent the patient to a physician who cauterized the area with diathermy. The patient was observed by me from day to day, and I noticed that a white area covered the place that had been cauterized. It looked as if the new tissue were filling in between the two teeth normally, but upon final healing I observed that the interproximal space showed bone. Is it possible that the tissue will grow in between the teeth again or will I have to resort to a tissue graft —if I can—or will it be necessary to extract the two teeth?

Mead's Oral Surgery shows the operation of extracting the teeth but it seems too bad to remove two vital teeth, as the bone at this time is healthy. Do you think the cause of the exposed bone is too deep burning with diathermy? I have since learned that the patient suffered pain after that operation and, without my knowledge, he several times powdered an aspirin tablet and placed it in the area. Is it possible that the aspirin dissolved out the granulation tissue leaving the bone exposed?

I am afraid if the tissue does not grow in over the bone and the periostium is destroyed that osteomyelitis might in time develop. I am asking advice so as to protect the patient against further trouble. He has an upper third molar which I have to extract for him. Could I take a piece of this tissue and sew it between the teeth allowing the area to bleed and form a clot?—L.A.C., Maine.

A.—The tumor which you describe is not at all uncommon and usually the microscopic examination shows inflammatory tissue only. However, to be safe we have always followed the plan which you outlined in your case; that is, removing the tumor with a sharp scalpel and cauterizing the site with the actual cautery. We have never had a recurrence of such a tumor nor any unfortunate results. In a number of instances we have removed tumors in this manner which had been removed before by simple excision and had recurred.

In all probability the exposed bone will be covered by granulation from the borders of the wound and you will not have an osteomyelitis unless the bone is already necrotic. If the bone is necrotic you will be unable to get a coverage by any means. You could not get a coverage by graft of which you speak: but it would be possible if the bone is perfectly healthy to turn a flap from the buccal aspect of the tissue, being careful to see that your blood supply is kept intact in the stump.—GEORGE R. WARNER

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DISCOLORED GUMS

Q.—I think Ask ORAL HYGIENE is most interesting and practical. I would like to submit a question for your attention.

A patient, an automobile mechanic, 28, in fair health, with an excellent set of teeth, has gums of a dirty, gray color especially in the incisor region. His teeth which are also discolored can be cleaned easily, but become discolored again within a short time. He is taking no medicine and does no painting in connection with his work. I have talked to several dentists but none can offer any suggestion. The color extends the whole width of the gum; being a trifle darker in the areas between the roots.—L.O.S., North Dakota.

A.—The greyish lead-like appearance of the gum which you describe is sometimes characteristic of the patient. Sometimes it comes as a result of using some form of silver for nose treatments, and it is possible that in the case of your automobile mechanic it is associated with or results from the exhaust fumes of the automobiles. It certainly would be wise to have both a blood count and blood analysis made for him.—GEORGE R. WARNER

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SWEETISH TASTE

Q.—I have a patient who complains of a sweetish taste in his mouth every time he uses dental floss. His gums do not bleed when brushing or when using floss.

Can you explain this?—W.I.H., North Carolina.

A.—One explanation of the sweetish taste which your patient experiences when flossing his teeth would be that there are between the teeth particles of carbohydrate food which he dislodges and which are acted on by the ptyalin of the saliva changing them into maltose and dextrose. Inasmuch as the mouth is empty at the time, he notices the sugar taste.

It may be too that your patient has a "notion" about a sweetish taste just as some persons imagine they have salty or metallic tastes.—GEORGE R. WARNER

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ANESTHESIA

Q.—I have trouble in getting the lower molars anesthetized in extracting with infiltration. I use procaine carpules but cannot get the gums anesthetized enough to extract the teeth painlessly. I can extract upper teeth and the lowers as far back as the bicuspids without much pain. Is there any suggestion you could make? I block the nerve on upper teeth and anterior lowers.—W.W.R., Kansas.

A.—On account of the heavy cortex of the mandibular alveolar bone, infiltration anesthesia is not as successful as on the maxilla. For this reason nearly all exodontists use the mandibular block for anesthesia of any of the mandibular teeth. The same procedure is followed when anesthesia for cavity preparation is desired. Therefore, if you have a good technique for the mandibular block you should have no trouble in securing a good anesthesia for whatever purpose you may wish it.—GEORGE R. WARNER

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SYSTEMIC POISONING

Q.—My patient is a woman, 28.

She says that her physician advised the removal of her silver restorations; these to be replaced with porcelain or gold. She reports that about seven or eight years ago she had typhoid fever and was given so much mercury and calomel that her physician thinks the mercury from the restorations is poisoning her. The patient apparently is in good health. Could her silver restorations be causing trouble?—W.S.S., Pennsylvania.

A.—We have no reliable data to prove that amalgam restorations are detrimental to health or, in other words, that there is or can be any absorption of mercury from them. Much was written on this subject in the early days of amalgam restorations, and you will find plenty of material in the literature from about 1860 to 1905.—GEORGE R. WARNER

●

SENSITIVE GUMS

Q.—I have a patient, a woman, who has sensitive gums. Her upper denture fits well and does not cause the trouble by cutting her gums as the tenderness is all along the ridge. The difficulty is with the lower denture—when the patient wears the denture a few hours the lower gum becomes sore, and she has to remove the denture. After it is removed the gum is sore for a while even to the touch of her tongue. Later the sensitiveness virtually disappears.

After forty-five years as a dentist this is the first trouble of the kind I have had. Could you suggest a remedy?—J.W.H., Iowa.

A.—One of our contributors, Doctor R. O. Brittain, suggested a procedure some time ago that has helped me out on several difficult lower denture cases, and I think it would help you with this one. The procedure is as follows: Freshen the undersurface of a plate as for any rebasing, making sure to carry the roughening well over the peripheral borders. Paint this surface with vulcanite dissolved in chloroform. Adapt carefully to this entire surface one thickness of black vulcanite; trim it carefully around the periphery with shears and hot spatula; and let the patient wear it thus for several days or a week, during which time the unvulcanized rubber will have adapted itself to the mouth perfectly. Dust the surface with powdered sulphur to replace what may have dissolved out of the raw vulcanite into the saliva. Imbed the case in a flask and vulcanize.—V. C. SMEDLEY

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FAULTY RESTORATION

Q.—What is the reason for an amalgam restoration breaking on the occlusal surface where it joins the proximal portion of the amalgam? I am referring to M.O. and M.O.D. cavities. I always use Doctor Black's outline for cavity preparation and endeavor to make the occlusal step deep into the dentine.—E.W.J., Pennsylvania.

A.—I would suggest two possible causes for this breakage: Either the step portion is too small (shallow or narrow) or the amalgam is not properly confined with the matrix and sufficiently condensed while packing.—V. C. SMEDLEY

The Dental COMPASS

TREAT 365,000 IN ERA CLINICS

Nearly 365,000 children had their teeth examined and treated between January 1, 1934, and April 1, 1935, in the dental clinics which were established in New Jersey by the State Emergency Relief Administration; and a total of $236,660.57 has been spent on dental service, according to Doctor J. A. Wisan, state supervisor of the ERA clinics for school children.

The average cost for the examination of each child was 75 cents each and $1.11 for each operation. Ninety-six per cent of the children examined were in need of treatment other than prophylaxis, the report showed; and an average of six defective teeth was found in each child, exclusive of minor defects in molars and incisors.

In this group 49,717 indigent children were treated. The total number of dental operations performed on 315,000 children of school age in 300 school districts was 203,201. Fifty-eight per cent of those applying never had any kind of dental treatment and about three out of every four children needed but never had any restorative work done, the report stated.

HURRIES DENTIST TO SAVE $10,000

When Virginia Weidler, 6½ year old actress, lost two teeth right in the midst of a scene in *Peter Ibbetson*, she rushed to the dentist, told him "to hurry, never mind how much it hurts," and in an hour was proudly displaying two dental replicas of her own upper incisors. Back at the studio she was complimented for saving something like $10,000 because she didn't delay the picture.

•

BOYS BEG TO VISIT DENTIST

Ohio now boasts the long distance tricycle champions of the world—two brothers, one 5, and the other 10—who pedaled 37 miles on a tricycle. The impetus behind the trip was their anguish at not being allowed to go to the dentist and have their teeth filled. Forbidden by their mother to accompany her on a trip to the dentist, Jack and Donald Richards were annoyed.

To show their displeasure they climbed on their tricycle and sailed out of Parma, Ohio, at 10:30 in the morning, arriving at Chippewa Lake, 37 miles away at 9:30 that night in search of their father who is em-

ployed there. To him they insisted that they had pedaled and walked the entire distance without the assistance of a single motorist. And their grimy, bedraggled appearance did not belie their claims.

The Cleveland *Plain Dealer* reported that Mr. Richards was so impressed by his sons' endurance that he gave them a fine outing before taking them home.

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VANISHING DENTURES APPEAR IN COURT

Stealing dentures is no longer considered a harmless practical joke: two women, one in Washington and the other in Chicago, thought this offense was serious enough for court action.

In Tacoma, Washington, Alice Tice had her fiance, Harold Dahl, arrested on an assault charge because he allegedly took her artificial teeth so she couldn't make dates with other men. In Chicago William Larsen, 1808 North California Avenue, besides beating his wife, took her teeth. Judge Thomas A. Green was not impressed with his explanation that, "It was just a little joke, judge."

When Mrs. Larsen complained that this was the third time he had taken her artificial teeth, the Judge said, "Then I'll have my little joke. You can work out a fine of $200.00 in the Bridewell."

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DOCTOR CASTO ON EUROPEAN TOUR

Doctor Frank M. Casto, dean of the School of Dentistry of Western Reserve University, president of the American Dental Association, and one of the leading orthodontists of the country, left for Europe late in July where he has a number of important engagements. He will dedicate two of the five dental clinics for children for which the late George Eastman of Rochester, New York, gave five million dollars.

On the first and second of August, he will present the Eastman Clinic in Brussels to Belgium; the King and Queen formally accepting the building. On the fifth, sixth, and seventh of August, he will attend the meeting of the Federation of Dentaire Internationale in Brussels and the meeting of the National Dental Association of Belgium. August eleventh, he will go to Stockholm, Sweden, to officiate similarly at the dedication of the Children's Clinic which Mr. Eastman gave to Sweden. Doctor Casto expects to spend the remainder of his time in Berlin and will return to Cleveland at the end of August.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Little Bo-Peep has lost her sheep
And the poor little darling is miffed
She doesn't know whether the sheep have gone
To Armour, Morris or Swift.

First Lawyer: "You're a cheat!"

Second Lawyer: "You're a liar!"

Judge: "Now that these attorneys have identified each other, we will proceed with the case."

The genteel motorist had just pulled into the gasoline station for the inevitable gasoline. That being over, the attendant was going through his little ritual.

"Check the oil, sir?"

"Naw, it's O. K."

"Got enough water in the radiator?"

"Yep, filled up."

"Anything else, sir?"

"Yes, would you please stick out your tongue so I can seal this letter?"

Gracie: "Mother says she could have soled her boots with that steak!"

Butcher (sarcastically): "Why didn't she?'

Gracie: "She couldn't get the nails through!"

Mechanics Prof: "Describe the mechanism of a steam shovel."

Frosh Engineer: "Don't kid me. You can't carry steam on a shovel."

Local Man: "On the day on which my wedding occurred—"

Teacher Friend (interrupting): "You'll pardon the correction, but affairs such as marriages, receptions, dinners, and things of that sort take place. It is only calamities which occur. You see the distinction?"

Local Man: "Yes, I see. As I was saying, the day on which my wedding occurred—"

"How did Simpkins happen to make a failure of the drugstore he opened?"

"He was too conservative. He refused to carry a stock of automobile accessories, lingerie, Venetian glassware, or structural steel bridges."

Sam: "Lissen heah, boy, jes' what kind o' life is you been livin'?"

Rastus: "Oh, ordinary, jes' ordinary."

"Sam: "Well, if yo' pulls any mo' aces out o' yo' shoe, yo' ordinary life is goin' to mature."

Two political candidates were discussing the coming local election.

First Candidate: "What did the audience say when you told them you had never paid a cent for a vote."

Second Candidate: "A few cheered —but the majority seemed to lose interest at once."

INSURANCE for EVERY DENTIST

SPYCO has provided insurance against the common failures in partial dentures; first by producing gold alloys scientifically to meet every requirement of the technician and the patient.

Second by developing a simplified tempering technic through which increases of from 25% to 50% in strength and hardness can be attained in dental restorations, combined with the elasticity and other physical characteristics that are fundamental in rendering maximum partial denture service.

The Spyco tempering technic involves no expensive equipment. A good thermometer, an aluminum cup, your laboratory burner and a supply of tempering salts is all the apparatus you need. A copy of the latest edition of a booklet describing this process in detail will be sent on request.

SPYCO CASTING GOLDS for Partial Dentures, Clasps and Bars include:

Tinker No. 4	High carat and platinized	**$2.07 per dwt.**
Spyco No. 5	An all purpose casting gold	**1.82 per dwt.**
Spyco No. 4 L.F.	An old favorite in cast clasps and partials	**1.73 per dwt.**
Spyco No. 10	An all purpose casting gold	**1.40 per dwt.**

Order them from your dealer.
Specify them to your laboratory.

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DENTISTS pioneered— IPANA popularized— the Theory of GUM MASSAGE

DENTISTS made one of their greatest contributions to the health of the world by discovering the efficacy of gum massage in strengthening gingival tissue and building resistance to infection.

And for 15 years Ipana has helped the profession spread the gospel of gum massage through its extensive advertising. Today, gum massage is a national habit in millions of American homes.

Ipana's formula makes it an ideal agent in the practice of gum massage. And thousands of dentists are recommending its use to their patients for the home care of the teeth and gums as an adjunct to their professional work at the chair.

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